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the secondary stage may be positive when punctured in the latent stage, and often one with positive fluid in the secondary stage is negative in the latent.

The question whether a patient with negative fluid in the latent stage long after suspension of treatment may be relied on to remain negative and whether he is safe from the point of view of developing late neuro-syphilis is discussed at some length.

The conclusion is that, provided no clinical relapse occurs, a change to positive in such a case is a rarity ; also a search through the literature has disclosed only 1 case of late neuro-syphilis in a patient whose fluid was negative in the latent stage.

On the question of the ultimate development of general paresis in syphilis, thanks to the Danish system of registration, the tracing out of later histories was successful in a very high proportion of cases. The results are particularly interesting, and may be quoted verbatim from the author's conclusions, as follows :—

“ Among 538 fresh male syphilitics with an observation period of 14–23 years there were found altogether 18 cases of paralysis.”

“ Dementia paralytica makes its appearance preferably in patients who have had one or several secondary eruptions, seldom in primary syphilitics who have never had any secondary eruption (abortive treatment).”

“ In two of the three patients who had no secondary eruption, the spinal fluid showed pathological changes coincident with the primary affection.”

“ The risk of getting paralysis is present in about 5–50 years after the infection ; it seems to be greatest about 15–20 years after the infection (Tables 60 and 62). Not infrequently, however, the paralysis manifests itself about 20–25–30 years or more after the infection (Tables 50 and 61).”

“ A successful abortive treatment lowers the risk of eventual paralysis.”

We recommend everyone interested in the prognosis of syphilis to study this valuable monograph.

L. W. H.

SYPHILIS AND ITS TREATMENT. By William A. Hinton, M.D., Boston. London, Henry Kimpton, 1936. (Pp. xvi., 321. Price 15s. net.).

IN his preface the author makes it clear that this book is not written for dermatologists and syphilologists, but for general practitioners, public health workers and medical students. It emanates from the United States of America and the market for which it is primarily designed is, presumably, in that country. The fact, however, that it is also published in England indicates the hope that a market for it will also be found here. One must state quite frankly the opinion that no such market exists. The trouble about this work is that it is unbalanced. Frequently it says too much, and as often too little, for the clientele it caters for. The author states that “ the technique of administering drugs has not been described because this should be learned from demonstrations on patients and not from studying a book.” There is a good deal of truth in that ; and yet he devotes three pages

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to describing the technique for obtaining blood for serological examination by means of a syringe, thereby implying that that procedure can be learned by reading. If a person can obtain a blood specimen by needle and syringe, he can give an intravenous injection, using the same implements. Again, there is no adequate reason for withholding a description of how to give an intramuscular injection, and at the same time devoting a complete chapter of twelve pages to the technique of laboratory tests for syphilis. To the dark-ground examination two pages of full detail are given. Then the author proceeds minutely to describe the method of carrying out the Hinton test for syphilis ; and finally, again in detail, are described tests on the cerebro-spinal fluid-cell count, globulin estimation and Lange's colloidal gold test. If the practitioner or medical student needs details of procedures, it is of such things as intravenous and intramuscular injections and not of purely laboratory techniques.

Throughout the book there is, of course, much very sound teaching ; but, as a whole, there is a great deal of " unevenness." So far as the British reader is concerned, there are several much fuller and better books available—*e.g.*, those by Harrison and by Lees—in which, at a much more reasonable price, not only is syphilis more adequately dealt with, but the diagnosis and treatment of the other venereal diseases as well. Both in this country and in the United States there is also to be had Stokes' " Modern Clinical Syphilology "—that most admirable book and almost inexhaustible storehouse of information—at the cost of fifty shillings. At fifteen shillings, the work now under review is decidedly not a good bargain.

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